

quiet I conceive to be quite adequate to prevent a fatal issue in uterine hemorrhage, if properly and timeously applied.—*Proceedings of Obstetrical Society of Edinburgh in Edinb. Med. Journ.*, July, 1859.

35. *Case of Labour during Typhus*.—Dr. WILLIAM CUMMINS communicated (May 26, 1859) to the Cork Medical and Surgical Society the following case: Mary Sullivan, aged 35, when at the ninth month of pregnancy, had the misfortune to contract typhus fever from her child. On the fifth day a few rose-coloured spots appeared on the chest and abdomen, and the disease ran its course without unusual complication, but requiring a liberal allowance of wine, until the twelfth day, when labour commenced with a moderate sanguineous discharge from the vagina, and slight pains. About three hours after I was called to her, and found her mottled all over with dark, rose-coloured maculæ; teeth covered with sordes; tongue brown and dry; perfectly rational, and complaining of the pains. The scalp had been shaved, and she had lately had some sleep; urine in tolerable quantity; pulse 120, feeble; vagina soft, cool, and relaxed; os uteri nearly dilated, cool and natural; sanguineous discharge still continues moderately. The membranes were ruptured, and a tumbler of punch administered in divided doses; after a few hours the labour process terminated naturally, without a single unpleasant symptom, the child being born alive, but feeble; it survived two days. The mother required abundant stimulation, and an occasional opiate, with little other treatment, and that of the most ordinary kind; no bad symptoms appeared; and in ten or fifteen days she began to convalesce, and was soon perfectly restored; there was no secretion of milk, and the lochia were scanty. I was truly surprised to find, on making my vaginal examination during labour, that the uterus and vagina were the only parts of this poor woman not affected with the calor mordax of fever; it seemed as if a special Providence was watching over the parts most exposed to danger; as if Nature, with her accustomed vigilance, would not allow the dread disease to triumph uncontrolled over the double life; and truly it was wonderful to find, that when all the energies were prostrated, the essential uterine power was found equal to its task; and that while every organ, every function of the body, was impaired during a period of twelve days, the fœtus in utero was not left unprovided, and was brought into the world in a condition capable of surviving two days, although the natural source from which it should derive nutrition, after expulsion, was dried up.—*Dublin Quart. Journ. Med. Sci.*, Aug. 1859.

36. *Sudden Death from Occlusion of the Pulmonary Arteries seventeen days after Parturition*.—Dr. DRAPER MACKENZIE communicated to the Obstetrical Society of London (July 6, 1859) two cases which had recently occurred in his practice. In the first the patient was thirty-two years of age, and had been delivered of her second child after a natural and easy labour. Seventeen days afterwards, while apparently in good health, she rose up convulsively, said she was choking, and died. On subsequently examining the body, a large, branching, fibrinous plug was found completely stopping up the right pulmonary artery and its immediate ramifications, while the entrance to the left pulmonary artery gave lodgment to a large and tolerably firm concretion. The heart was rather thin, and the lungs slightly congested; but there was no further trace of disease about the body. In the second instance, the patient had an easy labour, and, for a few days afterwards, all appeared to progress favourably, when she imprudently left her bedroom and exposed herself to cold. Shortly afterwards she was seized with difficulty of breathing, gasping, and cold clammy sweats, from which death relieved her in twenty minutes. Permission to make a post-mortem examination could not be obtained, and hence it could only be surmised that the fatal event was due to the plugging up of some important but smaller vessel than those found obliterated in the first example.

Dr. GRAILY HEWITT stated that an elaborate essay on sudden death during the puerperal state had been recently published in the "Memoirs of the Imperial Academy of Medicine of Paris," but the author of that essay had not thrown any considerable light on the interesting question of the cause of death under these circumstances. The case of the Duchess de Nemours, who died from

plugging of the pulmonary artery, would be in the recollection of the Fellows of the Society. From personal inspection of the clot, he was able to state that in that case the clot occupied the pulmonary artery and several of its ramifications, and was so firm that it could not have been formed subsequently to death. Respecting those cases in which sudden death during the puerperal state was connected with the presence of coagula in the pulmonary artery, he would hazard the following supposition as to the causes which lead to the coagulation: The blood was so altered in the pregnant woman as to favor coagulation, in the first place; and in the second place, the maintenance of the recumbent position usually rigidly enforced by the medical attendant during several days after labour, favoured the stagnation of the blood in the heart and chest. It was not unreasonable to suppose that these circumstances had much to do with the occurrence of this fatal accident.

Dr. PRIESTLEY recommended that in all cases of sudden death from occlusion of the pulmonary artery, an attempt should be made not only to give an accurate account of the thoracic organs, but also of the condition of the uterus and appendages, more especially of the bloodvessels and lymphatics. The researches of Virchow on this subject had conclusively shown the connection between emboli formed in the uterine veins and plugs found in pulmonary arteries; the value of reports on such cases would therefore be greatly enhanced if the investigation were carried further than the immediate seat of obstruction. He thought it not improbable that in chloro-anæmic conditions of the system, when there is an increase of fibrin in the blood, a very small amount of acrid material generated in or near the uterus, and added to the blood circulating in the vessels, might cause deposition of the fibrin, and consequent occlusion of the vessels.—*Medical Times and Gazette*, July 23, 1859.

37. *Cranial Blood-swellings*.—Dr. EDWARD RIGBY read a paper on this subject before the Obstetrical Society of London (July 6, 1859). After relating the histories of two examples, the author proceeds to show that these cases are not unfrequently mistaken for hernia cerebri, an exceedingly rare and dangerous malformation, and which never occurs on the parietal bone, but always over a fontanelle or a suture. On opening these cranial blood-swellings, they are found filled with dark, semi-fluid blood, beneath which the bone is healthy. The collection of blood is usually beneath the scalp and tendinous aponeurosis of the occipito-frontalis muscle, the bone being covered by its pericranium. Sometimes, though more rarely, the pericranium itself is elevated by the collection of sanguineous fluid; and besides these two forms, other modifications of cranial blood-swelling have been described, but if they really do occur, they are of exceeding rarity. Great misapprehension has been entertained by several authors respecting the progress of these tumours. Thus, it has been stated that much constitutional disturbance would be set up if this accumulation of blood were allowed to remain; that it would become putrid; that fever would result; that there would be danger of ulceration, sloughing, etc. Hence it has been recommended to open these swellings, and evacuate their contents at an early period, before these changes could occur. But the success of these modes of treatment has been anything but encouraging, and hence Dr. Rigby advises that the practice of Professor Nægelé should be followed. This consists literally in doing nothing. As long as the infant remains healthy, the effusion will gradually be absorbed, so that by the time the child is a month old the tumour will have entirely disappeared.—*Medical Times and Gazette*, July 23.